

Case report: Here, we report 2 rare cases of iatrogenic ureteric injury after abdominal aortic surgery. One had underwent endovascular aneurysm repair (EVAR) and subsequent retroperitoneal exploration due to abscess formation and the other resection of the distal aortic and left common iliac artery aneurysm with Goretex graft reconstruction. Persistent urine leak was noted from the drainage tube and IVP revealed upper ureteral obstruction and hydronephrosis in both cases. Iatrogenic ureteric injuries were impressed. We successfully made the ureteral realignment with retrograde ureteroscope and antegrade double-J stenting respectively. No urine leakage and ureteral obstruction were found after the procedure.

Conclusion: These are cases of ureteral injury after vascular surgery, which image showed extravasation in ureteral lesion or hydronephrosis. The initial treatment might be considered percutaneous nephrostomy if renal function deterioration. The definitive treatment should be considered endoscopic surgery, radiologic stenting, or open surgery.

NDP117:

PERCUTANEOUS SCLEROTHERAPY FOR SIMPLE RENAL CYSTS: DETAILED TECHNIQUE AND RESULTS IN KUO GENERAL HOSPITAL

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Purpose: Simple renal cysts are common and can be dealt with minimally invasive procedures. We established a standard operation procedure (SOP) on percutaneous sclerotherapy for simple renal cysts, and reviewed our results in past ten years.

Materials and Methods: We reviewed the charts of the patients undergoing percutaneous sclerotherapy between Jan 2006 and Dec 2015. We used 95% ethanol as the sclerosing agent and followed the SOP based on a local anesthetic and ambulatory setting. Diagnosis and follow up are mainly based on ultrasonographic findings, while some of the patients underwent CT scan or MRI examinations. Results are graded as “good” for patient whose cyst volume decreased by 90% or more, “partial” for those whose cyst volume decreased by 50–89%, and “poor” for the rest. For patients with a “good” initial result but cyst volume went above 50% of baseline in any of following up imagings, a recurrence would be considered.

Results: All punctures are successful and all patients tolerated the procedure well. There were no complications such as bleeding, wound infection, or alcohol intoxication. Our result is not inferior to other series, and recurrences are seldom.

Conclusion: Simple renal cysts can be safely and effectively treated by percutaneous sclerosing therapy. Among various sclerosing agents, 95% ethanol is safe, efficacious, and easy to obtain, making it the first choice in our hospital. We can avoid causing pain by instilling lidocaine ahead of sclerotherapy and rinse the cyst before removing the catheter.

NDP118:

APPLICATION OF FLEXIBLE URETERORENOSCOPY FOR UPPER URINARY TRACT DISEASE

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Purpose: This study aimed to evaluate the efficacy and outcome of flexible ureterorenoscopy in patients with hematuria, upper urinary tract calculi and tumor.

Materials and Methods: A retrospective chart review for the application of flexible ureteroscopy was performed. From October 1998 to January 2016, 70 patients were treated with flexible ureterorenoscopy. Diagnostic flexible ureteroscopy for hematuria was arranged in 15 (21.4%) patients, flexible ureterorenoscopic lithotripsy for upper ureteral and renal calculi in 54 (77.1%) and flexible ureterorenoscopic renal pelvic tumor biopsy in 1 (1.4%). The Patients' age, gender, body mass index (BMI), operative time, stone-free rates, perioperative event, and complication rate were recorded and analyzed.

Results: In this study, the mean age of the 70 patients was 52.3 ± 16.1 years (range 26–82 years). The operative time ranged from 20 to 150 minutes (mean: 55minutes). In 54 patients with upper ureteral and renal calculi, the mean stone size was 8.5 ± 4.1 mm (range 3–32 mm), the stone-free-

rate was 74% after procedure. The mean hospital stay was 3.1 ± 1.2 days. The overall complication rate was 2.9%.

Conclusion: Flexible ureterorenoscopy is a safe and effective option for the confirmation of upper urinary tract tumor, especially for those who failed to perform contrast medium enhanced image study. It is also a good choice to treat the difficult stone located in upper ureter and kidney.

NDP119:

CASE REPORT – ACUPUNCTURE TREATMENT FOR POST-HEMORRHAGE STROKE RELATED DETRUSOR AREFLEXIA

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Brief History: A 52 years old Foley dependent male with history of hemorrhage stroke about 2 years ago, presented with conscious loss and urine retention then presented with right side hemiparesis aphasia and urine retention after urgent operation. Cystometrogram showed detrusor areflexia (acontractile) at that time, and prostate size was 25ml, Trans-abdominal ultrasound showed no obvious middle lobe enlargement or other abnormal, Foley with intermittent clamping training was suggested at that time. However, after 2 years rehabilitation, right side muscle power improved, but still no sensation for bladder fullness, and thus Foley indwelling currently.

Course and Treatment: Guanyuan (RN4 or CV4) and Qihai (RN6 or CV 6) were the acupuncture points chose for initial treatment, with Foley training record was also suggested, Acupuncture treatment on ever Monday, Wednesday, and Friday morning, and retaining needles for 15 minutes. All Foley training record was listed in Table. 1. At first week of treatment, no fullness sensation even if 4 hours Foley clamping with urine amount up to 600ml. However, low abdominal soreness and dullness was complained. At the end of 2nd week treatment, bladder fullness sensation was first experienced after clamp Foley catheter for 3.5 hrs with bladder urine amount 550 ml, then gradually improved. At the 3rd week of treatment, treatment interval was lengthening to every Monday and Thursday, twice a week. After complete three weeks of treatment, removal of Foley was discussed with patient under stationary Foley training responses. Foley catheter was then removed on fourth Monday morning after acupuncture treatment, and educated his main caregiver the method of intermittent catheterization, after success for the first void, and residual urine 150 ml, he left the clinic without Foley. However, frequency up to 12 times during daytime and nocturia up to 4–5 times per night with poor sleep quality was complained for ther first 2 days after removal of Foley. Choice to acupuncture point was switched to Baliao (BL31 Shangliao, BL32 Ciliao, BL33 Zhongliao, And BL34 Xialiao) and Weizhong (BL40), Sanyinjiao (SP6). Frequency and Nocturia improved after first treatment, and after another two times of treatment, Nocturia decrease to only 1 time or none. Voiding diary was summerized and listed on Table.2. Currently under smooth voiding condition. Considering referral for a comprehensive urodynamic study. For re-evaluation.

NDP120:

MESH MIGRATION INTO THE URINARY BLADDER AFTER INGUINAL HERNIA REPAIR: A RARE CASE REPORT

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Mesh migration to adjacent organs after inguinal hernia repair is an unusual complication. Here we report a case of 56-year-old male admitted to our hospital with acute urinary retention and urinary tract infection 7 days after right inguinal hernia repair. *Pseudomonas aeruginosa* was confirmed in urine culture. Abdominal ultrasound showed a tubular structure of foreign body in urinary bladder. Computed tomography revealed a part of the mesh penetrating into the bladder and lobulated fluid at hernia repair area. Cystoscopy demonstrated a bulge in the right anterolateral wall with an opening adjacent to it, through which a part of the mesh could be visualized. Partial cystectomy with excision of wall containing the mesh was performed. Pathology of bladder specimen showed hemorrhage and chronic active inflammation with focal abscess formation.